U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

> For Official Use Only REC'8

> > 111 222005

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E Constitution of the cons	
1. File Number U -	2. Fiscal Year Covered From:
	7 / 50 / 200 Through: @6 / 50 / 605
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Poblesell W SWHTKO	Name Synthetical Manager Street
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 38435 N. Shellish Al Po	Street Street
City Benefit Parts	City April 1997
State TLANGO ZIP Code + 4 608 2	State ZIP Code + 4
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
P.O. Box, Bldg., Room No., if any	
P.O. Box, Blug., ROUIII No., II ally	7.b. Amount.
Street	
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

In Swarks

Telephone Number

State

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

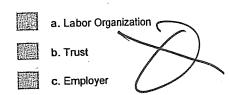
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

9. Business deals with:

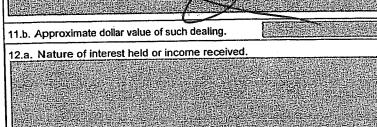


10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:

P.O. Box, Bldg., Room No., if any
Street
City

11.a. Nature of such dealing.



12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

 Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

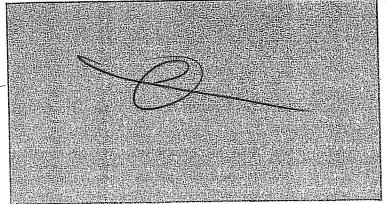
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

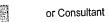
City

14.a. Nature of payment.



14.b. Amount of payment.

13.b. Is the Business an Employer



ZIP Code + 4



State